The ups and downs of health education for children and youth

(Edukacja zdrowotna dzieci i młodzieży – blaski i cienie)

I Brukwicka [1, A,D], Z Kopański [2,3,E,F], R Kollár [4,B], M Kollárová [4,B], B Bajger [4,C]

Abstract – The authors discuss the role of the conscious creation of opportunities to learn and plan behaviours in such a way that they may contribute to good health. They emphasise that health education understood in such a manner leads to improving and protecting health by stimulating the learning process, and at the same time it produces voluntary behaviour change in individuals. Actions targeted at educating and stimulating the development of individuals cover – according to the authors – raising the level of health-related knowledge, counselling in the scope of disease risks, building a high self-esteem and a sense of independence. Next, the authors focus on the aims of health education and its effectiveness.

Key words **-** children, youth, aims and effectiveness of health education.

Streszczenie – Autorzy omówili rolę świadomego stwarzania sposobności do uczenia się i takiego zaplanowania zachowań by służyły zdrowiu. Podkreślili, że w ten sposób pojmowana edukacja zdrowotna dąży do poprawy oraz ochrony zdrowia poprzez stymulowane procesem uczenia, a przy okazji wywiera dobrowolne zmiany w zachowaniu jednostek. Działania skierowane na edukację i stymulowanie rozwoju jednostek obejmują – zdaniem autorów - podnoszenie poziomu wiedzy o zdrowiu, poradnictwo z zakresu zagrożeń zdrowia, budowanie wysokiej samooceny oraz samodzielności. A dalszej części artykułu autorzy skupili się na celach edukacji zdrowotnej oraz skuteczność jej prowadzenia.

Słowa kluczowe - dzieci, młodzież, cele i skuteczność edukacji prozdrowotnej.

Author Affiliations:

1. The Bronisław Markiewicz State Higher School of Technology and Economics in Jarosław
2. Collegium Masoviense – College of Health Sciences, Żyrardów
3. Faculty of Health Sciences, Collegium Medicum, Jagiellonian University
4. St. Elizabeth College of Health and Social Work, Bratislava

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A. The idea and the planning of the study
B. Gathering and listing data
C. The data analysis and interpretation
D. Writing the article
E. Critical review of the article
F. Final approval of the article

Correspondence to:
Prof. Zbigniew Kopański MD PhD, Collegium Masoviense - College of Health Sciences, Żyrardów, G. Narutowicza 35 Str., PL-96-300 Żyrardów, Poland, e-mail: zkopanski@o2.pl

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I. INTRODUCTION

The traditional approach to health education may be described as the conscious creation of opportunities to learn and plan behaviours in such a way that they contribute to good health. Health education understood in such a manner leads to improving and protecting health by stimulating the learning process, and at the same time it generates voluntary behaviour change in individuals. Actions targeted at educating and stimulating the development of individuals cover – according to the authors – raising the level of health-related knowledge, counselling in the scope of health risks, building a high self-esteem and a sense of independence, whereas the educational process takes place as part of the teacher-student and doctor-patient relationship [1-4].

Health education in a wider sense seems to be the basic tool for the promotion of health, i.e. a process empowering

individuals to exercise greater control over their own health, and to improve it as a result [1].

Health education is a notion ambiguously placed in the system of social tasks. Rather commonly, this notion is identified with education or upbringing. It is a process of shaping the image of the reality and of the world in the eyes of society, taking into consideration the various dimensions of health [1, 5]. However, it is a special type of education which makes use of the general educational terminology as well as of the experience of other scientific disciplines. Health education is a process [1, 3, 6].

II. AIMS OF HEALTH EDUCATION

The aims of health education and its expected effects may be presented variously. The objective may be new cognitive abilities, i.e. obtaining new knowledge, raising awareness and understanding of health-related issues, and identifying one's own health problems. Further objectives are: desirable attitudes towards health, a sense of responsibility both for one's own health and that of others, classification of the existing system of values and perception of a new one. The aims understood in such a manner will encompass abilities related to physical health as well as life skills and a change of health behaviours in the direction of a healthy lifestyle [4, 3].

Various attitudes to health education are known in literature. Quite popular is the classification by Ewles and Simnett included in Table 1.

Table 1. Directions of health education [3]

Direction	Aim	Directions of action
Medical	Preventing disease and disability	Placing emphasis on medical intervention in preventing or reducing the effects of disease
Behavioural	Shaping behaviour reducing the risk of illness	Encouraging attitude and behaviour change towards a healthy lifestyle
Educational	Disseminating knowledge, assistance in understanding matters related to health as the basis for taking decisions and actions	Informing about the causes and effects of health risk factors; clarification of values and attitudes; shaping skills necessary for a healthy lifestyle
Client-centred	Work with particular individuals focused on their specific needs	Assistance in identifying a person's problems, in making choices and taking actions; empowerment of the individual
Social change	Changes in the physical and social environment making a healthy lifestyle possible	Encouraging political and social action in the physical and social environment

III. EFFECTIVENESS OF HEALTH EDUCATION

The effectiveness of health education is very difficult to examine or assess. This is due to the considerable delay in the expected results. Also, it may happen that the expected results become noticeable in the subsequent generations. The effectiveness of the health education system depends on the quality of its particular component parts, the type and direction of correlations occurring between them as well as the quality of the system as a whole. In order to eliminate errors and mistakes, planning and evaluation are used [2].

The notion of "evaluation" means verifying whether the aims established have been achieved and whether the actions taken have been successful. An element indispensable to evaluation is the valuation of actions [7, 8].

Evaluation of results – the effects of health education – is rather complicated and depends on many factors, e.g. the complexity of aims, individual characteristics of the students as well as the social, cultural and economic environment. Evaluation is a process necessary for both individuals and institutions which have prepared or implemented a specific health education programme in order to determine whether the aims and tasks have been achieved, to determine the viability of the effects assumed and expected results as well as to optimise and modernise the programme adopted [2, 3, 7, 8].

Health education at school should not be implemented as part of a separate school subject with one teacher in charge. Instead, it should be the so-called educational path covering cross-curriculum themes and linked with all subjects – this view has been supported by the Minister of Education [3].

Numerous authors emphasise that school is a crucial environment instrumental in maintaining and shaping health, and the principles of health education and health promotion should be drawn for the entire life from the school environment. In other words, school ought to influence the attitude and behaviour not only of the students but also of the teachers, parents, representatives of the health care and local community. [9,10] Nevertheless, the role of school as an institution should not be overestimated at this point as it may be illusory; rather obviously, school cannot be regarded as a miracle drug for all social ailments. Didactic and educational failures are namely taken for granted in the upbringing and education of young generations. Gryko and Chałasiński call this the "bankruptcy of education" because it transpires that what is done at school according to the instruction doctrines promoted often remains without a

greater impact on attitudes [11]. It must be emphasised that incorporating new compulsory tasks into the curriculum does not guarantee their being performed in a manner automatically ensuring the attainment of the expected results.

When contemplating the effectiveness of health education, it would be necessary in the first place to indicate on whom such education depends, and thus analyse who should be personally responsible for it at the stage of implementing specific tasks and programmes.

The effectiveness of health education depends on the extent to which the school principal considers such issues to be important and worthwhile. There are principals who instead of a conscientiously implementing health promotion tasks consent to barely making a note in the register that such issues have been covered, and in addition they are coincidentally connected with the content of classes in other school subjects. [3,11]

Where do such attitudes spring from? Perhaps from the fact that nowadays, school principals are more and more often expected to act as a manager rather than a person creating the educational policy of a school. They are supposed to create a school to which parents will send their children, and therefore they must first comply with the criteria that will make the school occupy a high position in the rankings. Another cause concerns the resistance which is a characteristic element accompanying all change. The implementation of health-promoting education is a fact. However, not all the teachers have embraced change which has not been popular from the start, and therefore they may not be interested in introducing it. In such cases, the source of unwanted change leads to negative emotions and lowering a person's self-esteem, which consequently produces resistance manifested, among others, in looking for a way to make the change ostensive and misleading in its actual effectiveness or lack of it [12].

To a certain degree, a "remedy" improving the situation described could be appointing one or more coordinators. For a number of important reasons, this function should be performed by a teacher or educationalist endowed with the appropriate reasoning, qualifications and readiness to extend his or her competences. The coordinator's role should rather not be entrusted to a nurse or school matron whose responsibility should be counselling and cooperation [3].

A properly prepared coordinator ought to possess methodical skills in the following scope: providing advice and applying elements of psychotherapy, accurately formulating conclusions, designing actions, applying in practice the methods and techniques of intervention as well as combining certain elements of various methods in specific situations of a person/family. Especially crucial for the work of a coordinator are psychosocial skills in the scope of interpersonal communication, empathy, team work and interdisciplinary cooperation, conducting negotiations and mediation, and initiating cooperation with the local community and local political activists. A coordinator should also have knowledge in the scope of law, indicating the competent institutions as well as managerial skills [13-15].

Combining the functions of coorditor/teacher/educationalist requires special education. A coordinator with metacognitive skills may in the natural conditions of school work share his or her knowledge with the students, thus stimulating their development [1, 3, 13, 14]. Education for the promotion of health fosters the implementation of fundamental school objectives, and health is an indispensable tenet of school achievement. The teacher's role in that process comprises that of an educator, custodian and example for the child's behaviour and it also involves supporting the general development of the child.

A fundamental role in health education is played by the teacher being not only an educator but also the creator of patterns of health-oriented behaviour for himself, students and even the parents. A school teacher may implement the objectives and content of health education by reasonable physical education, correcting body posture, reinforcing hygienic habits, counteracting addictions, consolidating desirable eating habits, shaping proper habits in the scope of computer-assisted work, work in artificial lighting, mental hygiene, and training the ability to cooperate in a peer group and how to cope in stressful situations.

The basic and main purpose of health education is shaping attitudes and behaviours conducive to good health.

An attitude is a relatively constant propensity for a positive or negative approach to a given object, i.e. assessing it and reacting to it with specific emotions. In appropriate circumstances, attitudes enable predicting how an individual will behave [16, 17].

Thanks to education, the principal actions of its recipients will be targeted at amassing knowledge and on attitudes and beliefs as crucial factors conditioning, above all, the change of a person's behaviour. In order to alter their behaviour based on the amassed knowledge concerning the health consequences of their own conduct, individuals require actions aimed at changing their attitudes [17].

In order to attract the interest of the recipients of health education, for instance, and to motivate them to succeed in this scope, it is usually necessary to help them adopt a positive attitude towards the new possibilities. Of vital im-

portance in shaping attitudes is rewarding them for all changes in behaviour.

A new element of didactics in today's school is, among others, combining knowledge with skills useful in everyday life. A modern teacher, when he or she notices certain health problems, should be able to make use of his or her knowledge and pedagogical skills and go beyond the framework of his or her specialty [18].

When making efforts to change attitudes, the teacher ought to remember that the attitudes of children focused on a specific activity derive from the example provided by a person endowed with prestige. Teachers who provide a good example themselves (they do not smoke, have healthy teeth, do not abuse medications or pain killers etc.) have a greater chance of observing children adopt and follow such positive behavioural patterns. It is vital that the attempt to change attitudes by modelling and discussing important issues with learners should be accompanied by the intention to use every occasion to immediately reinforce the positive changes in behaviour resulting from the new attitudes. A very important issue in shaping attitudes is the fact of the target audience reacting eagerly to enthusiasm expressed by others – provided that it has not been feigned. The ability to inspire enthusiasm in others for the content taught and manipulating that up to the moment when enthusiasm becomes self-reinforcing and the learners may continue themselves will lead to success, i.e. a change of attitude [16, 18].

The object of education should be a student who obtains knowledge during a process of instruction being above all the result of his own work [1, 17].

"The main purpose of health education is the development of identity and learning how to participate in social life by indicating the benefits of good health, since a person may effectively learn, work, and enjoy life as long as he or she is healthy" [19].

The objectives of this type of education include preparation for an autonomous and creative life. In health education, health and its potential improvement become the highest priorities. In order to comprehend and solve health problems as well as to change attitudes, health education applies mainly three psychological theories in its research workshop. These are behavioural, cognitive and humanistic theories [17, 18, 20].

The essence of the behavioural approach in health education is promoting knowledge about suitable health-related behaviours focused on population groups with specific risk factors. The consequence of this attitude is action targeted at prevention and/or protection against a specific risk or disease. Yet, the expected benefits are not well defined (avoiding an unspecified disease which may but does not have to appear). For young people this may be an insufficient argument for changing their behaviour in favour of a health-oriented one [3, 4, 16].

In cognitive theory, emphasis is placed on collecting experiences throughout a lifetime. This is based on the conviction that learners are not passive recipients of content conveyed to them but active, creative and observant individuals. A "participation-oriented way of learning" is introduced, where the aim is to create an independent way of thinking and making independent choices, which consequently should contribute to assuming responsibility for one's own actions in the scope of shaping health-oriented behaviours. [16]

The humanistic approach assumes that people as active beings having the ability and need to make choices may influence health-promoting actions by reinforcing beliefs and by the effectiveness of their own actions. In this theory, the crucial role of the teacher as an active participant in the educational process is pointed to. Activity is understood here as "identifying with" the problem being solved and sharing with the students your own feelings, experiences and sensations. [19, 21]

IV. REFERENCES

[1] Woźniak M, Brukwicka I, Kopański Z, Kollár R, Kollárová M, Bajger B. Zdrowie jednostki i zbiorowości. JCHC 2015;4:1-3.

[2] Lewicki C. Edukacja zdrowotna- systemowa analiza zagadnień. Rzeszów; Wydawnictwo UR,2006.

[3] Woynarowska B. Edukacja zdrowotna. Warszawa; Wydawnictwo PWN, 2007.

[4] Karski JB. Praktyka i teoria promocji zdrowia- wybrane zagadnienia. Warszawa; Wydawnictwa fachowe CEDEWU, 2006.

[5] Sęk H. Zdrowie behawioralne. W: Strelau J. Psychologia. Podręcznik akademicki. Jednostka w społeczeństwie i elementy psychologii stosowanej. Gdańsk; Gdańskie Wydawnictwo psychologiczne, 2007: 38-56.

[6] Herbert M. Rozwój społeczny ucznia. Poznanie potrzeb i problemów dzieci w okresie dorastania Gdańsk; GWP, 2004.

[7] Pylak K. Podręcznik ewaluacji projektów infrastrukturalnych. Warszawa; Ministerstwo Rozwoju Regionalnego, 2009.

[8] Stachowiak-Kudła M. Wartościowanie decyzji publicznych metodą konsultacji z interesariuszami. W: Opalińskiego B. Prawo administracyjne w ujęciu interdyscyplinarnym. Warszawa; Oficyna Wydawnicza Uczelni Łazarskiego, 2014:51-68.

[9] Zadworna-Cieślak M, Ogińska-Bulik N. Zachowania zdrowotne młodzieży : uwarunkowania podmiotowe i rodzinne. Warszawa; Difin,2011.

[10] Danuta Białek E. Zintegrowane (holistyczne) podejście do człowieka i zdrowia : program autorski Wychowanie do zdrowia w rodzinie, szkole i świecie. Warszawa; Instytut Psycho-

syntezy. Centrum Wspierania Zrównoważonego Rozwoju Człowieka, 2012.
[11] Gryko C, Chałasiński J. Człowiek i dzieło. Od teorii wychowania do kulturowej wizji narodu. Lublin; Wydawnictwo Wyższej Szkoły Przedsiębiorczości i Administracji, 2007.
[12] Sokołowska M. Edukacja zdrowotna w szkole - nowe wyzwania. Remedium 2009; 6: 4 – 5.
[13] Karski J B. Postępy promocji zdrowia. Warszawa; CeDeW, 2008.
[14] Heszen I, Sęk H. Psychologia zdrowia. Warszawa; PWN, 2007.
[15] Dahlgren G, Whitehead M. European strategies for tackling social inequities in health: Levelling up Part 2. W: Studies on social and economic determinants of population health, No. 3, WHO Regional Office for Europe, Copenhagen 2007.
[16] Fontana D. Psychologia dla nauczycieli. Poznań; Wydawnictwo Zysk i S-ka, 1998
[17] Heszen-Niejodek I, Wrześniewski K. Udział psychologii w rozwiązywaniu problemów zdrowia somatycznego. W : Strelau J. Psychologia. Podręcznik akademicki. Jednostka w społeczeństwie i elementy psychologii stosowanej. Gdańsk; Gdańskie Wydawnictwo psychologiczne, 2007: 458-489.
[18] Krawański A. Ciało i zdrowie człowieka w nowoczesnym systemie wychowania
[19] Korporowicz W. Promocja zdrowia. Kształtowanie przyszłości. Warszawa; Szkoła Główna Handlowa w Warszawie, 2008.
[20] Guzik B. Edukacja wobec globalizacji i glokalizacji. W: Muchacka B. Edukacja wobec wyzwań globalnego społeczeństwa. Nowy Sącz; Wydawnictwo Państwowej Wyższej Szkoły Zawodowej, 2007:40-62.
[21] Gerring RJ, Zimbardo PG. Psychologia i życie. Warszawa; PWN, 2006.